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NO. 0084 P. 1/14

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		Application Number	10/032,221 MAR 1 3 2007				
TRANSMITTAL			July 1, 2004				
FORM (to be used for all correspondence after initial filing)		Filing Date First Named Inventor	Raghuram KALLURI				
			1655				
		Group Art Unit	Maher M. Haddad				
		Examiner Name	038812.0011400				
Total Number of Pages in This Submission	10	Attorney Docket Number	038812.001				
		JRES (check all that apply)	After Allowance Communication to Group				
Fee Transmittal Form	Assign:	ment Papers Application)	Armeal Communication to Board of				
Fee Attached	Drawin		Appeals and interferences Appeal Communication to Group				
Amendment / Reply	Declar	ation and Power of Attorney	(Appeal Notice, Brief, Reply Britt)				
After Final	Licens	ing-related Papers	Proprietary information Status Letter				
Affidavits/declaration(9)	Petitio		Application Data Sheet				
Extension of Time Request	Petitio Applia	n to Convert to a Provisional	Request for Corrected Filing Receipt with Enclosures				
Express Abandonment Request	IXI Power	of Attorney, Revocation	A self-addressed prepaid postcard for				
Information Disclosure Statement	I ——	ge of Correspondence Address mal Disclaimer	scknowledging receipt Other Enclosure(s) (please identify helow)				
Cartified Copy of Priority	L —	est for Refund	ES GUID ZINIOS TOP				
Document(s)	1 .	Number of CD(s)	Statement Under 37 C.F.R. 3.73(b)				
Response to Missing Parts/ Incomplete Application							
Response to Missing Paris under 37 CFR 1.52 or 1.53							
	Remarks	The Commissioner in required or credit any over above identified docket n	s hereby authorized to charge any additional fees rpayments to Deposit Account No. 19-2380 for the umber.				
CLCD	TUDE OF AF						
Firm Jeffrey Nixon Individual name 401 9	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Jeffrey A. Lindeman, Ph.D. (Registration No. 34,658) Nixon Peabody LLP 401 9th Street, N.W. Suite 900						
Wash	Washington, D.C. 20004-2128						
Signature	March 17, 2007						
Date	2 1.7, 2007						
CERTIFIC	TE OF MAII	LING OR TRANSMISSI	ON [37 CFR 1.8(a)]				
I hereby certify that this correspon deposited with the Unite class mail in an envelope	dence is being d States Posta e addressed to	1 Service on the date sho : Mail Stop	wn below with sufficient postage as first Commissioner for Patents, P. O. Box 14				
transmitted by facsimile	on the date sh		States Patent and Trademark Office at				
(571) <u>273-8300</u> March 13, 2007		mara	Signature				

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866 741 0075

NO. 0084 P. 2/14

	Complete if Known					
	Application Number	10/032,221	RECEIVED			
FEE TRANSMITTAL	Filing Date	July 1, 2004	CENTRAL FAX CEN	-		
FOR FY 2005	First Named Inventor	Raghuram KALLURI	J. OE	IER		
	Examiner Name	Maher M. Haddad	<u> </u>	,		
Patent fees are subject to annual revision.	Art Unit	1644	5			
dicent claims small entity status. See 37 CFR 1.27	Afterney Docket No.	039812 001400		ĺ		

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and the second of the second o		FEE CALCULATION (continued)				
METHOD OF PAYMENT (check all that apply)		3. ADDITIONAL FEES				
Check Credit Card Money Order Other None	Large É	_	Small I			
Deposit Account:	Fee	Fee	Fee	Fee	Fee Description	•
Deposit Account 19-2380	Code	(5)	Code	(S)	Surcharge - Inte filing fee or oath	- -
Number	1051 1052	50	2051 2052	65 - 25	Surcharge - late provisional filing fee or cover	
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Deposit	1053	130	1053	130	Non-English specification	
Account Nixon Peabody LLP	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Neme	1804	920*	1804	920	Requesting publication of SIR prior to Examiner action	
The Commissioner is anthorized to: (check all that apply)	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner	
Charge fee(s) indicated below Credit any overpayments			2051	60	action Extension for reply within first month	
Charge any additional fee(s)	1251	120	2251		Extension for reply within second month	
Charge fec(s) indicated below, except for the filing for	1252	450	2252	225		\$510.00
to the above-identified deposit account.	1253	1,020	2253	51 0	Extension for reply within fourth month	
FEE CALCULATION	1254	1,590	2254	795 1,080	Extension for reply within fifth month	
1. BASIC FILING FEE	1255	2,160	2255	250	Notice of Appeal	
Large Entity Small Entity	1401	500		250	Filing a brief in support of an appeal	
Fee Fee Fee Fee Fee Description Code (S) Code (S) Fee Paid	1402	500	2402		Request for oral bearing	
Code (a)	1403	1,000	1451	500 1,510	Perition to institute a public use proceeding	
1001 300 2001 150 Utility filing fee	1451 1452	1,510 500	2452	250	Petition to revive - unavoidable	
1002 200 2002 100 Design filing fee		1,500	2453	750	Pethion to revive – unintentional	
1003 200 2003 100 Plant filing fee	1453		2501	700	Utility issue fee (or reissue)	
1004 300 2004 150 Reissue filing fee	1501	1,400 800	2502	400	Design issue fee	
1005 200 2005 100 Provisional filing fee	1502	1,100	2503	550	Plant issue foe	<u> </u>
	1503 1460	1,100	1460	130	Petitions to the Commissioner	
SUBTOTAL (1) (S) 0	ł		1		Processing fee under 37 CFR 1.17(q)	
	1807	50	1807	50 180	Submission of Information Disclosure Stm	- +
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1806 8021	180 40	1906	40	Recording each patent assignment per property	
Pee from Extra Claims below Fee Paid	8021	70	1		(times number of properties)	
Total Claims -20** = X -0	1809	790	2809	395	Piling a submission after final rejection (37 CFR 1.129(v))	
744 X = 0	1810	7 90	2810	395	For each additional invention to be examined	
Independent 3** X 7 0	1601	790	2801	395	(37 CFR 1.129(b)) Request for Continued Examination (RCE)	
Multiple Dependent X 0	1.00.	,			- a and minution of a design	
Large Entity Small Entity	1802	900	1802	900	Request for expedited examination of a design application	
Fee Fee Fee Fee Fee Description	Other	foc (spe	cify)			
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The same and the same and the same of the	i				id SUBTOTAL (3) (5) 510.00	
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1203 360 2203 180 Multiple dependent claim, if not paid	ł			anticion a mi	E OF MAILING OR TRANSMISSION (37 CFR 1.8(a) ; _
1204 200 2204 100 ** Reissue independent claims over original patent	1	_ala:	اماء عد	his comet	condence is being:	! 1
1205 50 2205 25 ** Reissue claims in excess of 20 and	1 he	лењу сст			The second secon	with sufficient
over original patent	1				lass mail in an envelope addressed to: Mail Stop A	Commissioner
SUBTOTAL (2) (S) 0			for Pa	ients, P. O.	Box 1450, Alexandria, VA 22513-1425 estimile on the date shown below to the United States P	atent and
**or number previously paid, if greater, For Reissues, acc above	1	Trademark Office at (571) 273-8300.				
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Date					moica Angles	<u>9</u>
	l				Typed or primed name	
					Complete (if applicable)	
SUBMITTED BY	Reci	stration	No	34,65	(202) 585-835	0
Name (Print/Type) Jeffrey A. Lindeman, Ph.D.		rney/Ag		137,03	1 cicpnone	
Signature M. A. LL.					Date March 13, 200	<u>" </u>